File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319

Fax: 515-281-4073

Reset Form

Cerro Dordo

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on	Statement of Organiza	ation)	20 08	FEB -5 AM 8:50	
Citizens for MCPL		,		FORM	
IMPORTANT: Indicate by # type of committee y (1)Statewide/Legislative/Judge Standing for Re (4)County Central Committee (5)County Cand Subdivision Candidate (8)County PAC (9)Cit 11) Local Ballot Issue	tention Candidate (2)St lidate (6)City Candidate	(7) School Board or Other Politics	ai C (DR-2 (Rev. 07/2007) DISCLOSURE REPORT For Office Use Only Comm. # 2/459	
CANDIDATE COMMITTEES ONLY: Candidate Name		Political Party (if applicable)		Logged In Scanned Computer	
Office Sought		District (if Senate or House)		Audited	
Late reports are subject to possible civil and cr CALL COUNTS SIGNATURE OF PERSON FILING REPOR	Treasurer	nt to lowa Code sections 688.32 6 4 1 - 4 3 3 - 4 9 5 0 TELEPHONE			
I AM FILING A		REPORT FOR (1) ELECTION	//2\NO	N.E. ECTION VEAD	
(report date)		Indicate by		H-ELECTION TEAK.	
CHECK IF AMENDMENT TO REPORT D	ATED	•			
				ommittees, enter Date of Election nber 6, 2007	
You must continue to file reports until a DR-3 is filed.)		County a	County & Local Committees, enter County in which Election is held Cerro Gordo County		
STATEMENT OF CA	ASH ON HAND				
CASH ON HAND at the beginning of the rep committee. This amount MUST be of the last reporting period or must	the same as the cash	on hand at the end		479.14	
ADD TOTAL MONEY TAKEN IN 1	THIS PERIOD				
Schedule A: Cash Contributions to	otal (Attach Schedule A	(*also see in-kind below)		42.19	
Schedule F: Loans Received total	(Attach Schedule F)			0.00	
Schedule H: Total Sales of Campa	aign Property (Attach S	chedule H)		0.00	
(Schedule H applies to C	andidates' Committe	es Only) SUB-TOTAL		521.33	
SUBTRACT TOTAL MONEY SPE	NT THIS PERIOD			501.00	
Schedule B: Expenditures total (A	ttach Schedule B) (**ai	so see debts and loans below).		521.33	
Schedule F: Loan Repayments tot	al (Attach Schedule F)			0.00	
CASH ON HAND at the end of this reporting	period (if final report b	alance must be zero)		\$ 0.00	
**UNPAID BILLS (From Schedule D - Attach	Schedule D)	-		0.00	
IN KIND CONTRIBUTIONS (From Schedul	e E - Attach Schedule	E)		0.00	
**OUTSTANDING LOANS (From Schedule	F - Attach Schedule F)			0.00	
CONSULTANT BREAKDOWN (Schedule G	Attached?)	en e	_	YES NO	
CANDIDATE COMMITTEES ONLY:				Ni tida (A)	
VALUE OF CAMPAIGN PROPERTY (From	Schedule H - Attach S	chedule H)	\$	0.00	
STATE COMMITTEES: Submit a reconciled	d campaign account ba	nk statement in January of eac	h year.	-	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM
Citizens for MCPL		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND- RAISEF INCOM
01/22/08	ID# CK# ₃₃₆₅₆	Digital Telecommunications Inc. (DTI) P.O. Box 107 Winona, MN 55987 (Telephone refund)		\$42.19	
	ID# CK#				
	ID#				
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· · · · · · · · · · · · · · · · · · ·			SUB-TOTAL	\$	
		TOTAL (if last pag	e of this schedule)	¢ 42.19	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

42.19

SCHEDULE

MONETARY

Reset Form

Reset	Form	

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for MCPL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
02/04/08	ID# CK#1028C	Mason City Public Library Foundation 225 2nd Street S.E. Mason City, Iowa 50401	to distribute left over funds (Mason City Public Library Foundation- parent of "Citizens for MCPL")	\$ 521.33
	ID#			
	CK#			
	ID#			
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	CK#			
	···		SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 521.33

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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